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ABSTRACT

The booklet presents samples of actual program evaluations completed by two HCEEP (Handicapped Children's Early Education Program) sites. The first HCEEP project described is the Regional Development Program (Yorktown Heights, New York). The project director (Amy L. Toole) reviews the beginnings of the project, hiring of an outside evaluator, completion of an evaluability study, and highlighting of the project's key evaluation problems. She provides suggestions about hiring outside evaluators and describes the plan to evaluate the project according to four themes: implementation of the classroom program, implementation of the home program, longterm effects of the program, and demonstration and dissemination activities. Preparations for submitting information to the Joint Dissemination Review Panel are outlined. The second project, the Northwest Center Infant and Toddler Program (Seattle, Washington), begins with a detailed evaluation plan. The plan is presented (by Linda L. Gil) in a format listing rationale, objectives, activities, and evaluation for seven elements: systematic inclusion of nonhandicapped children into existing early intervention programs, assessment procedures and curricula adoption for nonhandicapped and handicapped populations, parent involvement, staff development, coordination with existing community programs, child care aide curriculum, and child nutrition. (CL)

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Evaluation Case Studies

WESTAR SERIES PAPER #16

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INTRODUCTION

This publication is a companion to WESTAR Series Paper #13, Program Evaluation in Early Childhood/Special Education: A Self-Help Guide for Practitioners, by Dr. Ellis Evans. While the earlier paper offered a general, and more theoretical, introduction to the evaluation process, this publication presents samples of actual program evaluations performed by HCEEP projects. It includes narrative histories of the staff's experiences, their decisions and the lessons they learned, as well as samples of the forms and tables they developed.

There are many ways to approach evaluation. It is hoped that the variety of techniques covered in these two Series Papers will help guide program administrators and project staff in conceptualizing, developing, and carrying out a plan that is best for their particular program. Together, the papers should serve as an overall introduction to program evaluation for staff with little experience in this area and should provide helpful suggestions for improving ongoing evaluation of programs.

This paper includes two case studies. The first is by Amy Toole of the Regional Development Program (RDP) in Yorktown Heights, New York. This case study covers the project's three years as an HCEEP Demonstration project. (It is now funded as an Outreach project.) This is a personal and informative history, clearly for and about early childhood staff. In the paper, Toole takes us from the project's beginnings, when "no one on the staff had any background in evaluation or complete understanding of its importance" through a detailed description of how to prepare for a JDRP submission. She includes recommendations on hiring outside evaluation consultants, solving some common evaluation problems and reporting findings to various audiences. The Regional Development Program identified four major evaluation themes. For each of these, the paper describes the evaluation plan, data sources, instruments, analysis, use and implementation.

The second case study is by Linda Gil, Project Director of the Northwest Center Infant/Toddler Program in Seattle, Washington. It includes samples of the evaluation plan for the key program elements along with tables showing the overall evaluation approach and a short history of its development. The two evaluations differ in several respects. While the RDP used outside evaluation consultants, the Northwest Center's director developed her own plan, with guidance from the technical assistance coordinator assigned to her project. The first case study is written retrospectively, looking back over three years' experience and analyzing the lessons learned. The second represents an ongoing evaluation plan. It was devised during the first six months of the project and now, as the project enters its third year, continues to serve as a guide to program implementation. The two evaluations are displayed very differently, with the second being presented almost entirely in the form of the charts developed for the project's own use.

Although different, the authors agree on this point: the earlier evaluation is begun, the better. Both have found that a good evaluation plan can be an important tool throughout the life of the program. Both projects have been impressed with the positive contributions that evaluations have made to their program implementation. These are two "evaluation success stories", and, along with Dr. Evans' introduction to the topic, should serve to make evaluation valuable and comprehensible to the most skeptical or hesitant project staff.

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Evaluating the Regional Demonstration Program

Amy L. Toole

The Regional Demonstration Program (RDP) is located in Yorktown Heights, New York, in a state where services for handicapped preschoolers are not mandated. Legislators, local communities and school officials consequently have had to be convinced of the importance of these services by the RDP. Careful evaluative planning and implementation have proved to be a way of convincing these people that the RDP's work is worthwhile, even vital, to the community.

This paper is an historical account of the development of RDP's evaluation plan. The process that is discussed took a full three years to develop. It required the aid of outside specialists, the hard work of staff and administrator, and perhaps some luck...since the basic evaluative plan that emerged never had to be completely dropped or redeveloped before it could serve the program's needs. The goals of the plan were that it be practical for the project to use, that it provide the community, staff, parents and other professionals with basic information about child progress and the success of the program, and that it help the program prepare for the Joint Dissemination and Review Panel (JDRP). It served these goals well.

The chapter includes a discussion of the way evaluation specialists were employed and the methods they used to design an evaluative plan, the four major areas of the evaluation, the way findings eventually were reported to various audiences, and ideas on preparing for JDRP submission.

The Preschool Program: A Description

The Regional Development Program (RDP) serves children with a variety of handicapping conditions in 18 school districts in two counties of New York State. The area has rural farmlands, suburban communities and several cities of 20,000 to 35,000 people.

Classroom or home programs are available to eligible children. The alternative chosen for a particular child depends upon his or her age and maturity, readiness for classroom work and interaction patterns with the rest of the children. There are four classroom sites; children are bussed to the one closest to their homes by their local school districts. Morning and afternoon classroom sessions are offered. Each follows a carefully structured schedule which includes large- and small-group activities and individual (teacher-child) work. The home program, which is primarily for children under the age of three, is a replication of the Portage Project's Model (a nationally validated program). A skilled home training staff member serves approximately ten children and their parents through weekly visits to the home. Special features of the program include a team approach involving parents and professionals and interactive teaching using language intervention, positive reinforcement and diagnostic-prescriptive teaching techniques.

EVALUATING THE PROGRAM

In the First Year of the Program

When the program started, no one on the staff had any background in evaluation or any complete understanding of its importance. The government required that certain evidence be found as to the program's effectiveness, but the gathering of such evidence seemed a secondary pursuit to staff members who were more concerned with serving children. Nonetheless, certain necessary tasks were carried out:

1. A filing system to collect data systematically was set up.
2. A normative test for pre- and post-program collection of data was chosen.
3. An evaluation management plan and timeline were written.
4. A project manual of forms and procedures used routinely in the program was developed.
5. Videotape records of child behavior upon entry into the program were prepared.
6. Procedures for developing Individualized Education Plans (IEPs) were planned.
7. Staff meetings which focused periodically on evaluation needs and solutions were convened.
8. Record-keeping forms were developed, including questionnaires on parent observation in the classroom, parent satisfaction, parent volunteer work, parent group meeting satisfaction, follow-up for children who had graduated from the program and a visitor questionnaire, as well as anecdotal record, agency coordination, parent services record and IEP forms. (See Appendix.) It was not known exactly how the resulting data would be used; enough was gathered to allow flexibility in setting a strong design.

In all of this, the Technical Assistance Development System (TADS) played a periodic role. At first, the Needs Assessment Survey from TADS became the basis of the project's Evaluation Management Plan. The Assessment, which was completed during the fall of that first year, had four major areas which became the center of the evaluation management plan: Services to children, Services to parents, Staff development and Demonstration and dissemination. Appendix 1 is an example of a draft of the first evaluation plan.

TADS also sent an evaluator to consult with the project director during the first year. As a result of the consultation a series of questions was prepared for each of the program's goals. The answers to these questions would determine the level of the project's success. These early questions therefore became guides for the evaluation. Alongside each group of questions, the people who would need the answers were listed. All of this information helped focus the evaluation plan that would ultimately be developed (see Appendix 2).

Evaluators

The RDP had originally planned to hire one person as an in-house evaluator, believing that a staff person could better understand the nature of the program and develop appropriate techniques for use with young children and for specific audiences such as the JDRP.

Interviews were held and a candidate chosen, but the candidate later declined; and in the end, an outside evaluation consulting firm was retained: The Center for Resource Management. (This firm had been recommended by the Director of funded programs

of The Board of Cooperative Education Services (BOCES), fiscal agency for the Outreach program.) The benefits of using outside evaluation consultants were numerous. For the same amount of money that had been set aside for a staff person, the consulting firm provided the following:

1. Several individuals collaborating and using a differentiated staffing model.
2. Computer time for no additional cost.
3. A knowledgeable group of individuals with many resources (e.g., research departments).
4. Access to information about approaches used throughout the nation.
5. An objective group who had no individual investment in the agency's success.
6. A firm to take complete responsibility for designs and implementation, thus taking the burden off the administrator. The administrator could rely on the evaluation team to provide recommendations and feedback without prompting.

Furthermore, the consulting contract allowed for reimbursement by task and timeline, thus ensuring completion. A staff evaluator would have been paid every two weeks whether or not tasks were finished. The advantages of the contract system were so strong that they virtually alleviated the need for the RDP to identify other evaluative aids such as research sources, computer analysts, etc. A tribute to the success of the evaluation is that the RDP continues to incorporate evaluation into its local budget after federal funding for those services has been terminated.

In order for the experience of working with an outside consulting firm to be a positive one, the RDP found that it is important to take the initiative with the evaluators in several ways. Figure 1 offers a summary of procedures and agreements which we found to be essential in reaching a satisfactory working arrangement.

The Evaluability Study and Evaluation Design

The second year, evaluators were hired, and they prepared an evaluability study. In this study, the project was reviewed to determine whether it had been implemented in such a way that its impact could be evaluated. Specifically, we wanted to know if it could be evaluated so as to meet the stringent evaluation criteria of the JDRP. (It was assumed that if evaluation information was appropriate for the JDRP, enough data would have been collected to satisfy other audiences.) This review identified those practices which could provide essential data for formative and summative evaluation and those activities which were not essential to the JDRP criteria. Results indicated that enough information would be available from the project in order to evaluate statistical and educational significance, generalizability, comparative assessment and replicability. It was also agreed that the instruments being used were reliable and valid.

The review found that some evaluation procedures being used were not needed, thus lessening staff work rather than increasing it. Another result of the study was that evaluation needs were determined, and corrective measures to respond to the needs were suggested. (One need, for example, was to better define the nature of the program's intervention, its objectives, and the relation of these to child change.) Multiple measures were also suggested as a methodology which would help rule out rival hypotheses.

The next step was to develop an evaluation design. This involved many discussions between the program administrator and the evaluation consultants. The following information formed the guidelines for that design:

FIGURE I

Hiring Outside Evaluators

BEFORE YOU SIGN ON THE DOTTED LINE...

1. Meet and describe your program. Get a feeling that they understand your goals.
2. Share all of your written materials so they have a sense of your program's character and focuses.
3. Discuss evaluation questions you would like answered. (These may include issues both directly and indirectly related to project goals and may range from family change, social interaction and follow-up after graduation, to operation of the program itself.)
4. Discuss possible audiences for the evaluation.
5. Ask for a written report of the work scope they propose and for samples of past work.
6. Choose individuals with experience in evaluating handicapped children.
7. Choose individuals sensitive to the staff's concerns about evaluation. Discuss issues openly with the evaluators.
8. Ask for an analysis of the evaluability of the program and samples of design, implementation and report time frames.
9. Explain that the evaluation design must include evidence of child change and that the following points must be addressed in the design: a.) statistical significance, b.) educational significance, c.) generalizability, d.) comparative assessment, e.) reliability and validity of instruments, f.) evidence of replication, g.) nature of intervention, h.) multiple measures, i.) ruling out of rival hypotheses.
10. Discuss fees: each person should have a per diem charge, and the amount of time proposed for the plan should appear to be reasonable for the work scope.
11. Interview several firms or individuals before deciding.
12. Have the contractor submit an agreement which includes: a.) services and products to be delivered, b.) specific names of personnel, c.) reports and instruments to be prepared, d.) per diem costs by task, e.) payment schedule, f.) feedback system, g.) length of agreement, h.) standard-of-work clause, i.) governing law

Remember...

It is important that you like and trust the people with whom you will work. Evaluators not only have to work with charts and figures, they also have to interact with children and staff. They must understand the needs of special preschoolers and their families. They must be sensitive to the needs of the staff. All of their testing activity must fit comfortably within the classroom program. They have to understand that as a public school-based program, resources may be scarce. There are usually no graduate students to help out. Thus, the design must be practical and efficient and must yield results. The design cannot be a classic research evaluation plan where a control group is used. If you are not satisfied and comfortable with the consultants' approach, if you do not respond positively on an intuitive level, continue to look.

- A statement of the program's theoretical framework.
- A summary table, including instruments, criteria, timelines and persons responsible for each part of the evaluation.
- A schedule of meetings with consultants.
- An evaluation monitoring system which would allow redesign and improvements to be made along the way.
- A list of existing evaluation techniques.
- A process for sharing results with staff.

Solving the Key Evaluation Problems

Problems were pinpointed through the evaluability study and general discussion, and solutions were suggested. They are summarized below.

Problem: How can we be sure that the intervention made the difference?
Solutions:

1. Rule out of the study children who attended any other clinic, nursery school, etc.
2. Use an implementation study to indicate that the intervention was occurring.
3. Use a normed instrument, which by virtue of its design, takes maturation into account.
4. Analyze the data across four classroom sites to demonstrate equal effectiveness of intervention regardless of teacher.
5. Use multiple measures to show improvement, e.g., IEPs, McCarthy Scales of Children's Abilities, teacher observations, anecdotal reports.
6. Use a multiple baseline approach with baseline data on the skills in the area of the child's handicap prior to the intervention, when the intervention begins, at the completion of the intervention, and after summer vacation. The assumption is that the child will maintain but not improve skills over the two-month summer break.
7. Plan for the testing effect to avoid the quandary: Did administration of the same test over time influence the result? Use statistical analysis to compensate for this problem.
8. Plan for statistical regression by employing statistical analysis.
9. Analyze the attrition rate to ensure that children dropping out of the program do not differ significantly from children remaining in the program.

Problem: How can we gain staff cooperation?
Solutions:

1. Hold preliminary meetings with staff to receive their ideas and feelings.
2. Involve staff in developing ideas which become the bases for forms and procedures.
3. Give staff advance notice, in writing, when classes will be visited.
4. Give staff the evaluator's feedback regarding their implementation of the intervention. This will eliminate staff concerns that the program evaluation is being used by the agency to evaluate their teaching.

5. Give staff immediate feedback regarding the McCarthy test results so that the test becomes a useful diagnostic instrument, not just an evaluation tool.
6. Give staff sets of forms and instructions to keep in their classroom.

Problem: Is the intervention good for all handicapping conditions and types of children?
Solutions:
1. Analyze data by sex, morning and afternoon sessions, handicapping conditions, socio-economic status, and demographic area. Keep records for easy analysis at end of evaluation period.
2. Have the staff of at least one replication site trained and implementing the program by the completion of the third year, so that data from an outside site with no direct program administrative control is also available.

Problem: How can the evaluation consultant's calendar be coordinated with the administrator's?
Solution:
1. Set timelines and meeting dates at the beginning of the year with a schedule that allows for interim feedback and revisions. Also, build on ways to help the administrator gain a greater understanding of the process and terminology and to monitor the design for best results.

Problem: How should the program intervention be described?
Solutions:
1. Have program staff prepare a description of the curriculum process in the second year.
2. Build into the schedule planning and writing sessions with evaluation consultants so that the program description and theory are accurately stated based on the curriculum.

The Evaluation Themes

After the evaluators prepared the initial study, they began to work with the program's personnel to identify the major evaluation themes. They were:

1. Measuring the implementation and impact of the classroom program on children and families.
This meant, first, determining whether the program had been implemented as planned, then identifying and measuring those outcomes that were related to the goals of the program and were truly measurable. For children, these were determined to be verbal skills, perceptual performance, motor and general cognitive skills. For families, parent perceptions and understanding of their child's development and their satisfaction with the program were the kinds of data sought.
2. Measuring the implementation and impact of the home program on children and families.
Since the home program was a replication of a nationally validated program (Portage), its effectiveness did not need re-evaluating. Data was needed only to make sure it was being properly implemented and results were being obtained (as appropriate).
3. Measuring the long-range effects of the program.
Data on long-range effects were needed to convince the public and funding agencies of the efficacy of the work done by the RDP. As in most designs for evaluation, this area was a priority.

4. Measuring the amount of demonstration and dissemination activities and agency reactions to the program.

This information was needed for funding sources and for staff so that awareness and training patterns could be improved.

Based on these four themes, staff and evaluators developed a list of questions to guide the evaluation:

1. Implementation of Classroom Program
   a. Were the key elements implemented at an acceptable level?
   b. Did the staff have the knowledge, understanding and expertise to implement the innovation? Were they philosophically in agreement with the project's goals?
2. Impact of Classroom Program
   a. Did the children improve in verbal, perceptual-performance, general cognitive and motor skills?
   b. What percentage of the educational objectives for the children (average) were mastered?
   c. Were parents satisfied with the results of the program?
3. Long-range Effects
   a. What was the status of children who had graduated from the program with regard to: placement, retention of gains, the need for special services?
   b. How did teachers and parents rate the children's performance in their present placement in terms of academic activity, social ability, peer interaction and attitude toward school?
4. Interagency Collaboration
   a. How did agencies react to the RDP?
   b. How did they perceive the program?

Of these four areas, 2 and 3 became the most important in the project's development of materials to submit to the Joint Dissemination Review Panel. All of the questions were, of course, useful to the project--and continue to be--in improving service and keeping services consistent.

The process of arriving at these questions took, in fact, three years. Measuring the classroom program was a goal from year 1; implementing the specific design was a goal in year 2; and long-range impact and agency reaction to the project became important in year 3. As a program evolved, evaluators and staff had to keep searching and questioning, until evaluative approaches that met needs are found. These questions could be asked only when needs became clear.

EVALUATING IMPLEMENTATION OF CLASS PROGRAM (THEME 1)

Designing a Plan

The design of the plan to evaluate implementation was based on similar designs found in the literature (Hall & Loucks, 1978; Loucks & Hall, 1977; Morris & FitzGibbon, 1978; Fullan & Pomfret, 1977). However, the specific conceptual framework and design used for measuring implementation were devised by the Center for Resource Management (Koen & Musemeci, 1980, 1981; Koen, Musemeci, & Floan-Novesky, 1981). Three aspects of the program related to Theme 1 were examined: Usage, Technical understanding and Program receptivity.

Usage. This variable concerned the degree to which teachers followed a set of core elements which were basic to the program. These elements were called:

1. START-UP ELEMENTS--The activities and behavior patterns required to initiate the program (e.g., developing IEPs).
2. STRUCTURAL/PROCESS ELEMENTS--The formal arrangements (e.g., daily routine) or physical conditions (e.g., classroom arrangement) under which users of the program operate.
3. ROLE BEHAVIOR ELEMENTS--The way the program staff interact with students (e.g., reinforcement patterns). Certain behaviors were to occur more than once during each day.

Technical understanding. This variable concerned the degree to which program users had internalized significant information about the program's content and structure. For example, understanding of program goals, philosophy, conceptual underpinnings, key components, classroom strategies, and subject matter were measured.

Program receptivity. This variable concerned the level to which program values were internalized by the classroom team. For example: Did they generally accept and were they satisfied with the program? Were their personal values compatible with the program values? Did they believe in the importance of the program and in the possibility that it could make a difference for the children? Were they willing to disseminate the program to others?

Instrumentation

To measure the degree of implementation, several instruments were developed with staff assistance and adopted by consensus, including a descriptive checklist of core elements, a role/behavior observation schedule, a staff questionnaire and a parent questionnaire.

Observations. Two sets of observations were scheduled after agreement on the forms. The first set was to study the usability of the forms and to measure inter-rater reliability. An outside observer was hired for the activity. The second observation was to note how often core elements were used.

The start-up elements were measured one time during the year by reviewing documents and observing and interviewing staff. A checklist with a yes/no format was used. The structural/process elements were also measured via a yes/no checklist; information was gathered on four days spread over two months. On each of these days, the instrument was completed twice, once in the morning and once in the afternoon. Thus, a total of thirty-two observations were made in the four classrooms. The role/behavior elements were measured by way of a number of random observations. Each observation, which began at the start of a five-hour session, consisted of recording the teacher or aide's behavior for 15 minutes at a time. The observer made 10 observations (five for teacher, five for aide) during every 15-minute block. In all, 800 observations were made at each site: 200 per day for four days (spread over two months). Program-wide (four sites) 3,200 observations were made.

Questionnaires. The staff questionnaire consisted of five scales--knowledge, skills, attitudes, values compatibility and open-ended items--designed to measure technical understanding and receptivity.

The parent questionnaire included knowledge, attitude and commitment scales and open-ended items and was important in ascertaining whether the parent involvement part of the program was providing for the parents' understanding and receptivity.

Analyzing the Data

Data collected via these instruments provided quantitative and qualitative information about the program. An analysis of the usage, understanding and receptivity of the program by personnel provided a comprehensive view of how the program was being implemented. Data were analyzed as outlined below.

Usage. Two types of frequency data were computed: 1) the number and percentage of total start-up and structural core elements implemented, and 2) the percentage of time that teachers, teacher aides and program sites were involved in activities (or clusters of activities) consistent with project role and behavioral elements. This second percentage was calculated by counting the number of times a particular activity was observed and dividing that number by the total number of observations taken. Data were analyzed for each program site and for the program as a whole (i.e., the program site data were pooled).

Understanding and receptivity. Descriptive and inferential statistics were computed. Frequency counts, means and ranks were used to assess knowledge, attitudes, skill and program commitment within the four program sites and across the entire program. Analysis of variance was calculated to determine any differences in ratings among the various sites.

Using the Data

All data from each year were analyzed and reported by the evaluation consultants. Recommendations made by them on the basis of the analysis were integrated into the program operation during the following year. The data helped in hiring personnel and in the training and supervising of staff.

The results of evaluation Theme 1, as analyzed and reported by the consulting firm, showed that the program was being adequately implemented. Staff members' attitudes and behaviors were found, as expected, to be consistent with program philosophy. Consistencies were found across sites, among teachers and aides, and between morning and afternoon sessions. Questionnaire results pointed to the need for additional training and involvement of paraprofessionals and more personalized involvement of parents. This led to the planning of new program components in each case.

Results of this analysis encouraged a positive dialogue between the staff and administrator in regard to staff performance in the program. Staff were the main audience for the implementation study, and the results have helped them do their jobs better as the years have gone by.

The findings of the implementation study were generally positive. If a weakness had been identified in program usage, the impact results (Theme 2) might have been suspect. However, because the program was clearly being performed by personnel as decribed, assessed impact could confidently be attributed to the program.

EVALUATING IMPACT OF THE CLASS PROGRAM (THEME 2)

Designing the Plan

In the first year of the program, data were collected on a wide range of events. However, there was no design behind the collection to guide it properly. Consequently, more information than was really necessary for evaluation of impact had been gathered. Luckily, in the second year, when a design for evaluating this theme was written, much of the first-year data proved invaluable.

The first step in arriving at a design for impact evaluation was to decide what should be evaluated. The research literature shows that goals of a program--what it seeks for its children--must guide the evaluation. In the case of the RDP, these included student gains related to verbal, perceptual-performance, motor and general cognitive skills; mastery of objectives in the area of the child's primary handicap; parent satisfaction with changes in their child's skills; student placement in school programs upon graduation from the RDP; and maintenance of gains after students had graduated from the program.

Data Sources and Techniques

The next step was to identify sources of data and techniques for analysis. For legal and ethical reasons, no actual control group could be established; instead program students' pre and post scores were compared with available normed scores for those tests.

Mastery of various educational objectives was assessed for all students by using IEPs. Student gains were measured by annual pre and posttesting. Students from the first year of the program for whom pre and posttest data existed and who had graduated from the program received a test a year after graduation to measure maintenance of gains. A number of sources were examined for corroboration of improvement. Documents (student records, etc.) were reviewed, questionnaires and interviews were given, observation occurred periodically and standardized tests were administered. Insofar as feasible, the evaluators used data that had already been collected rather than ask the staff to re-collect it.

It was surmised that data from various sources which pointed to the same conclusion (convergent validity) would add weight to the results. Furthermore, if data from different sites showed the same trends, that would mean that replication of the program had produced similar results at the various sites. (For more information, see Koen & Musemeci, 1980, 1981; Koen, Musemeci, & Floan-Novesky, 1981.)

Instruments

Four instruments provided information for measuring program impact.

1. The McCarthy Scales of Children's Abilities--selected for its high reliability rating, construct validity and correlation with other intelligence scales--was the primary instrument for assessing verbal, perceptual, motor and cognitive gains. It was administered to all students before and after instruction and to graduates after one year. All tests were administered by the same four graduate students under the supervision of a psychology professor. They were periodically observed by the Supervisor of Preschool Programs.
2. An IEP Skills Checklist. This instrument which identified an average of 10 skill objectives for each child based upon the student's IEP was used to assess the degree to which the RDP children mastered specific skills within their primary handicap areas. For every objective, a standard criterion for mastery was also specified. Teachers completed the checklists at the beginning of instruction and at three-month intervals thereafter.
3. Placement records showed the educational programs to which children were assigned upon graduation. They documented several types of placement programs: regular nursery schools, regular kindergartens, transition programs, special education classes and special education schools. The administrator maintained the records.

4. The Parent Questionnaire for implementation also measured parent perception of impact. (This helped prevent parents from feeling overwhelmed with forms.)

Analyzing the Data

The data analysis was intended to provide quantitative information on the four impact areas: student gains, maintenance of gains, mastery of objectives and placement upon graduation. These results were computed for individual program sites and for the program as a whole by pooling the site data.

Gains and maintenance of gains were analyzed using a norm-referenced model. Children's mean pretest scores were compared to mean posttest scores for each of the four McCarthy Scales judged appropriate for measuring the impact of the program (language, perceptual, motor, cognitive). A correlated t-test was used to test statistical significance ($p < .05$, one-tailed probability). Educational significance was established by comparing the size of the pre to posttest gains to the standard deviation of the norm group.

The percentage of "objectives mastered" between the time instruction was initiated and the final measurement was also computed. The percentages were then aggregated for classes and for the entire program.

"Placement" and "parent satisfaction" data were analyzed using simple frequency counts and percentages.

Using the Data

The data analysis helped determine who should be informed about the program's effectiveness. If statistical and educational significance had not appeared during the first and second year, for example, the goal of applying for national validation (via the JDRP) would have been dropped. Since significance had appeared, application plans continued.

Although data from this analysis also yielded information on memory and quantitative skills, these were not included in presentations to various audiences since program goals did not center around developing these skills.

The model did not yield information on social-emotional growth. Since some children in the program had emotionally-based problems, it did not seem enough to verify only that they had grown cognitively. The model has since been refined to attempt to measure this aspect of growth through the use of behavioral checklists and observation scales.

The IEP skills checklist had been new to the staff and required teachers to set more difficult criteria for mastery than had been common in the past. In many cases, teachers established standards without regard to a child's ability to change, thus the IEP findings were skewed by the way the instrument was used. Subsequently, training was held to teach the staff how to set appropriate standards. The analysis of objectives the following year revealed an increase in the percent of children who mastered their objectives. The subjective nature of this type of analysis made the results more suited to local audiences than the JDRP.

"Student placement" and "maintenance of gains" were consistent with other reported findings for preschool handicapped projects. These data were useful in reporting results to a number of audiences.

"Case studies" were used to report results. The studies were constructed from teacher anecdotal records, reviews of the student's classroom record and informal interviews with parents. These studies were used for the JDRP validation, visitor orientation packets and in discussions with reporters.

Implementation

The design outlined all steps in the evaluation of this area and these steps were followed carefully. Pre and posttesting collection of IEP mastery data, and staff questionnaire distribution were on schedule. The only difficulty encountered was locating outside testers who were skilled and available for the October and May tests. The program was not in a university setting with graduate students easily available and was not based in a city with access to transportation. Arrangements were quickly made with a nearby university, however, and the problem never became an insurmountable obstacle.

EVALUATING LONG-RANGE EFFECTS (THEME 3)

Designing the Plan

Utilizing the Karnes design (Karnes, Shwedel, & Lewis, 1980) and procedures as a guide, the RDP study (Koen, Musemeci, & Green, 1981) of long-range effects was undertaken in order to contribute to the knowledge base in this field. The RDP study examined a sample of 170 children who graduated between January 1976 and May 1980.

The design lacked comparative data because no control group was available. However, data from the literature was used as a basis of comparison, and the design also relied upon convergent validity. To build the case for early education, information was gathered from several sources which addressed similar outcomes. Two other problems typical of studies of this kind are attrition and restriction of the sample due to lack of parent permission. Since the study was able to gather data on 40% of the graduates--representing the total graduation population in terms of year of graduation, school district, sex, handicapping condition and severity of handicap--the sample was found to be adequate.

Instrumentation

The current academic and social performances of former students, after they had left the RDP program, were assessed through three data collection techniques and their appropriate instrumentation:

1. A Cumulative Record Form allowed a wide range of current student information to be synthesized from a review of individual student files. Progression or retention data, special class/program/services required, diagnostic classification, performance on standardized tests, and yearly grade reports were recorded. Also, more subjective items, such as teacher's comments, were recorded on the form.
2. A Teacher Questionnaire, developed by Karnes, Shwedel and Lewis (1980) was used to rate the preschool child's performance as compared to other children in the class on the following variables: a) cognitive skills, b) academic skills, c) communication skills, d) attitude toward school and teacher, and e) social interaction. The instrument consisted of 25 items which combined five-point Likert ratings with open-ended questions.
3. A Parent Interview, based upon a form developed by Karnes, et al., (1980), measured parent perceptions of their child's performance in school and the impact of preschool upon school performance. It consisted of 12 open-ended items.

The usefulness of employing instruments from anotner study was immeasurable. It allowed comparisons of results and saved time and money.

Analyzing the Data

Data were analyzed using a number of both descriptive and parametric statistical techniques. Frequency distributions and percentage rates were used to determine assignment and retention information, special service requirements of regular education students, and parent and teacher ratings. A chi-square analysis was performed to determine whether placement in regular or special education differed depending upon the severity of handicap. Finally, a Kruskal-Wallis one-way analysis of variance was computed to determine whether school performance, as measured by teacher ratings, differed according to the age and grade of the handicapped preschoolers.

Using the Data

The findings clearly showed long-term effectiveness of the program. Its graduates, as a whole, are performing adequately in school, progressing normally through the grades, socializing well with their peers, requiring a minimal amount of special services and achieving at a similar level to their peers in cognitive and academic areas. Furthermore, these children have been reported by both their teachers and parents to have extremely positive attitudes towards school. The following results of the study are significant when viewed in terms of their educational implications:

1. Placement in Nonhandicapped Classes - Participation in the Regional Demonstration Program has facilitated the placement of children within the least restrictive environment and enabled them to perform under the same expectations as other children.
2. Individual Educational Plan - Precise educational planning reduced or eliminated the negative effects of a child's handicapping condition, thus demonstrating the cost benefits of preschool education.
3. Placements - Decisions made by a transdisciplinary team (teacher, psychologist, speech pathologist, social worker and parent) regarding child placement upon completion of preschool seemed to ensure the appropriateness of that placement.
4. Attitudes - Graduates have positive attitudes towards school, which improves their potential for greater school achievement in later years.
5. Parents Involved - Parents of graduates consider preschool education to be a critical factor in the success their handicapped child is experiencing in school.

These indicators supported the efficacy of preschool handicapped education. They supplied information for a myriad of audiences, including staff, parents, professionals, community members and the JDRP. The study was very important in demonstrating the program's appropriateness in the community and state.

Implementation

The decision to conduct the long-range study--unlike the study of Themes 1 and 2--was not made until the third year of federal funding. It was only then that the completion of the study by Karnes made it possible to evaluate this thematic area quickly. From planning to analysis, this evaluation took about 8 months.

A research associate was employed by the evaluators to keep logs, visit elementary schools and interview parents. This individual also collated and tabulated the data. Interpretation and analysis as well as the final report were written by the evaluators.

EVALUATING COLLABORATION WITH OTHER AGENCIES (THEME 4)

Fostering collaboration and communication with other agencies has been a focus of the program from the first year. Numerous links were established between the program and outside agencies, including nursery schools, prekindergarten programs, hospitals, health clinics, Child Protective Services and other social service agencies. These agencies are located primarily within a 50-mile radius of the program's central office in Yorktown Heights, New York.

Designing the Plan

The design of this evaluation was concerned with three issues:

1. Determining the types of agencies with which the preschool staff had established contact.
2. Describing the nature of each contact.
3. Determining the degree to which agencies understood the preschool program and perceived it to be a high-quality service.

Instrumentation

Information regarding the type and extent of interagency collaboration was derived from two sources:

1. The Agency Questionnaire was designed to elicit agency reactions to and perceptions of the RDP in the following areas:
   - How they first learned about the program. This was used to assess effectiveness of outreach methods.
   - Kinds of involvement. Thirteen categories were offered, to be checked and ranked in the order of frequency.
   - Knowledge of RDP program. This was assessed through a Likert-type scale similar to the Parent and Staff questionnaires.
   - Satisfaction scale.
   - Perceptions of the quality of the RDP program as an intervention alternative for handicapped children.
   - Open-ended questions about the major constraints and benefits of the collaborative relationship and suggestions for improving collaboration.
2. Interagency Collaboration Logs recorded all contacts with other agencies and were reviewed to determine the type of agencies with which contact was established as well as the duration of collaboration. The records involved 91 different agencies, including nursery and elementary schools, social service agencies, and medical centers (including hospitals and physicians). Records were maintained by the project director and appropriate project staff.

Analyzing and Using the Data

Descriptive statistics, including frequency counts, percentages and means were computed for appropriate variables. The findings suggested that the program was successful in establishing contacts with all types of agencies, especially for the purposes of referral and case management. Agencies considered the program an excellent source of referrals for young handicapped children and were satisfied with their interactions with staff. However, they did

report a low level of understanding of the program's operation and philosophy, despite the number of years they had been involved with staff. Based on this information, a goal was set to increase agency knowledge about the program the following year. A day of program orientation for these agencies was planned and implemented.

Implementation

This evaluation was not planned until the third year of the program. Since the program was consulting to others in the area of interagency coordination and had, in fact, developed a book on this subject, A Guide for Creating Community Awareness and Interagency Collaboration, (Eagen, Jones, Petisi, & Toole, 1981), it was essential to demonstrate the program's effectiveness in this area.

The results of this evaluation were for staff use. They could choose to change the way collaboration efforts are conducted, but the positive nature of the results indicate that no major changes are presently needed.

REPORTING EVALUATION FINDINGS

Audiences

Several groups of people will be interested in evaluation findings. Staff members wish to know the results of their efforts and how to make those efforts more effective, and parents want to know how their children have improved. Local education agencies will want to know if children from their districts are improving and which children will be in need of special education at school age. They also are interested in the cost benefits of such a program, since their community eventually may support the undertaking with local tax dollars. Other early childhood specialists from regular and special education have often requested that the RDP share information with their community and boards, and they have frequently asked for help in preparing an evaluation plan which is practical and can be accomplished in their setting. Town or county leaders are also prime candidates for the information. The more they are made aware of what the program accomplishes, the more likely they will be to lend support in time of need. And programs need to look increasingly to their own areas for support as federal aid diminishes.

The RDP also provided evaluation information to newspaper reporters, the school board, colleges and universities and local legislators. They were reached through awareness mailings, an institute, and the dissemination of proceedings of that institute.

Finally, but certainly not least important, the JDRP was an audience. Unanimous approval of the program's effectiveness from that body suggests the soundness of the evaluation.

Format and Means of Delivery

Evaluation findings can be disseminated in many forms--from short presentations to complete reports. The following list describes formats used by the RDP:

1. Oral Presentation - of evaluation design, its rationale, the results and their implications. Useful at staff and parent meetings.
2. Summary Sheet - of results, clearly listed. Useful in staff and parent meetings and as material mailed to parents with a cover letter.
3. Overheads - of design (outline), of data analysis charts, of lists of outcomes and long-term effects. Useful at various staff, professional and community meetings.

4. Fact Sheet - describing program components and evidence of effectiveness (one page). Should include: expert testimony, information on grants awarded, summary of third party evaluation results, pre and posttest information, placement record, long-term effects, parent reactions, community reactions and statement about national validation. Useful in visitor orientation packets and at meetings with community members, reporters and legislators.
5. Slide Show - of program. Should include: summary charts of evaluation results, placements and long-term effects. Useful for professional presentations and at institutes.
6. Evaluation Reports - of the project's work. Should include: background (history), description of program, focus of evaluation, theoretical framework, methodology, results, discussion, recommendations and references. Useful for program staff, funding sources and Boards of Education.
7. Executive Summary - of evaluation report. Should include concise statement of program description, evaluation methodology, major findings, recommendations, and conclusions. Useful for professionals and community.
8. Abstracts - of one theme of the evaluation. Useful within the community and with professionals.
9. Position Statements - on education of the handicapped. Should include statement of position supported by evaluation results and cost study descriptions. Useful at public hearings and with state, local, and federal officials.
10. JDRP Submission - regarding evaluation. Should be: a 10-page document outlining program services, unique features, theoretical framework, evidence of effectiveness, and cost to replicate project. Useful for JDRP Panel and a variety of audiences.

The RDP also prepared a proceedings of an institute on efficacy, which included the national perspective on the subject, a statewide perspective, evaluation (immediate and long-term) effects and recommendations. It has been useful for county executives, state legislators, State Education Department officials, directors of special education, advisory council, the United States Department of Education and many special education programs.

Figure 2 suggests methods and formats for reporting to different audiences.

PREPARING FOR JDRP: A PLAN

The procedure of preparing for JDRP validation can be considered to be a three-step process:

1. A schedule showing the program evaluation over three years must be prepared. This must be an integral part of the project's work during the first three years.
2. A written statement of the evaluation must be created. It must be done in a relatively short time and yet convincingly make a case for the program's effectiveness. (The RDP staff finally submitted its fourth draft to the Panel.) The most difficult part of writing the submission was describing the program model in a clear and concise way and analyzing the data in as many ways as possible in order to rule out rival hypotheses. While the paper had to describe the total program and its results, it was important not to confuse the reader. Information deemed to be extraneous was not included, yet was brought to the panel meetings in case further clarification of any particular point was requested.

FIGURE 2

Reporting Evaluation Findings to Different Audiences

	MEANS OF DELIVERY	PERSON(S) RESPONSIBLE	TIMES	FORMATS
STAFF	Staff Meeting	Administrator or Evaluator	Periodically through the year	Oral Presentation Summary Sheet Overhead
	Individual Conference	Evaluator	After the implementation study	Discussion
PARENTS	Parent Meeting	Administrator	Beginning of Year	Oral Presentation
	Parent Orientation Session	Coordinator of Program	Entry into the Program	Fact Sheet
	Letter to Parents	Administrator	End of Evaluation Period	Summary of Results
PROFESSIONALS	Visitor Orientation	Coordinator of Program	Periodically through the year	Fact Sheet Summary Sheet
	Professional Conference presentations In-Agency Meetings for School District Personnel Meetings with State and National Agencies Consultations for Evaluation Journals Consortium Meetings State and Local Mailings	Administrator and Evaluator Administrator	Periodically through the year	Slide Show Overheads Summary Sheet Complete Evaluation Reports Executive Summaries Abstracts Institute Proceedings
COMMUNITY	Public Hearing	Administrator	When Appropriate	Position Statement
	Board Presentation Advisory Council Meeting College and University Class Presentation Regional Nursery School Workshop	Administrator and Evaluator Administrator Administrator or Coordinator of Program	When Appropriate	Slide Show Overheads Summary Sheets Abstracts
	Institutes for Legislators Individual Meetings with Reporters	Administrator or Evaluator	End of Evaluation Period and Other Times as Appropriate	Institute Proceedings Paper
	Community Displays	Coordinator of Program	When Appropriate	Summary Sheets
JDRP	Panel	Administrator and Evaluator	After Submission Process	Required Submission Summary Charts of Data Evaluation Reports

3. The actual meeting with the panel must be planned for. This required a great amount of time. A study guide was prepared which listed numerous questions which might be asked by the panel. These were gathered from panel simulations, attendance at an actual panel, books written regarding evaluation and the JDRP handbook. Attending the panel presentation helped in getting a feel for the room, the tone of the meetings and the strengths and weaknesses of submitters. Role playing a panel presentation with local evaluators, administrators and psychologists helped raise questions for which answers were prepared. It also helped the presenters practice answering clearly and concisely. Charts were developed which summarized data not in the submission so that the evaluators could easily find an answer to a question and not have to respond: "The data is not available." That type of response could easily have had a negative effect upon the approval. Finally, it was important to decide which person--the administrator or evaluator--would answer which questions. This technique helped the presenters provide answers quickly and efficiently during the panel meeting.

Figure 3 sums up the activities necessary to prepare for JDRP review.

SUMMARY AND CONCLUSIONS

The benefits of the RDP's evaluation efforts are clear. The information gained has helped strengthen the program and attract increased support. Furthermore, it was both important and very satisfying to see that the results of the evaluation were positive. No major weaknesses were identified in the program. The assessed effects on children, both long- and short-term, were positive.

In retrospect, the only major change that should have been made in this evaluation process would have been to hire the evaluation consultants from the first year. This would have provided a more focused approach during that period and would have prevented backtracking--the elimination of instruments and methods in the second year.

The RDP has established a firm commitment to evaluation. There have been numerous occasions to share evaluation results, and all have been positive--building support from various audiences both for this program and for the importance of serving the young handicapped child.

FIGURE 3

The JDRP Process

Preparing a Three-Year Timeline

- Begin gathering as much data as possible in first year
- Seek outside evaluators if necessary
- Hire evaluators sensitive to evaluating handicapped
- Hire evaluators sensitive to classroom routine and teacher's feelings
- Use normed instruments if possible
- Use outside testers
- Use many sources to evaluate a claim of effectiveness
- Rule out children who are involved in other forms of intervention
- Spend time monitoring and talking with evaluators
- Revise data collection in Year Two, based on results of Year One
- Eliminate unnecessary data collection
- Add additional form of data which might now seem appropriate
- Keep data collection techniques constant if results are positive

Preparing the Submission

- Begin preparation immediately after completion of Year One
- Utilize past JDRP-approved submissions as examples of writing styles
- Describe a sound theoretical base
- Describe unique features clearly
- Be certain that your claim of effectiveness fits the data presented
- Attempt to rule out as many rival hypotheses as possible
- Include as much information as possible in the submission
- Make clear, precise statements which do not raise questions
- Use a case study as a sample

Preparing for Meeting the Panel

- Start in the beginning of Year Three
- Prepare a study guide of questions which may be asked
- Decide who will present to panel
- Decide who is responsible for answering what questions
- Research answers to each question
- Practice answering questions and decide on appropriate and agreed-upon answers to questions
- Gather various backup data (information on replication sites, results of Year Three, information on graduates)
- Analyze data for generalizability (whether program worked as well across ages, sexes, handicapping conditions, socio-economic levels and type of community)
- Role play a panel presentation
- Attend a panel presentation
- Set up a helpful panel who will raise questions and discuss possible answers
- Bring all data to the presentation in simple, easy-to-refer-to chart form
- Be prepared to describe a case with results if asked

APPENDIX I

Sample Draft Evaluation Plan
(from Classroom Program)

	Eval. Question	Eval. Task	Criteria	Source	Responsibility
3.	Did the children in the classroom program exhibit growth in targeted areas of delayed development?	Obtain information on the status of children in the program in the fall and spring	.05 significance level positive growth in all primary targeted areas	Alpern/Boll (October and May)	Clinical Team
				McCarthy (October and May)	Outside Tester Psychologist
				Teacher observation (October, January, May) through anecdotal record in primary target areas	Teacher
				Parent observation (October and May Questionnaires) regarding primary target area	Parent
				Videotape	Coordinator

APPENDIX 2

Draft Evaluative Questions

Goal(s)	Question(s)	Audience(s) to Receive Results
1. To develop and demonstrate a classroom program and home training program to meet the needs of preschool handicapped children.	1. What are the key elements of the innovation? 2. How are they used? 3. Do team members understand them? 4. Do team members' philosophies match the innovation?	Educators Legislators Community Agencies Joint Dissemination Review Panel (JDRP)
2. To evaluate each child's developmental level and to demonstrate that students participating in the RDP achieved significant gains.	1. Did the children improve in areas of cognition, motor, social, and language development? 2. Were their gains significant compared to the norm group? 3. What percentages of education objectives were mastered?	Parents Educators Legislators Community Agencies JDRP
3. To increase the effectiveness of parents in facilitating the development of their handicapped child.	1. How many parents received services? 2. What were the services? 3. What was the level of receptivity and satisfaction of parents in regard to their involvement, their understanding of the program and its results with their child?	Parents Educators Legislators Community Agencies
4. To select or adopt curricular materials to form the basis of the instructional program and to redesign the program based on the effects it has on graduates.	1. Were materials identified? 2. Do teachers perceive the material to be appropriate for the population? 3. Were the gains made by the children maintained over time? 4. What are the longitudinal effects of the program with regard to placement, retention, special services and teacher rating, parent ratings, and persistence of effect?	Parents Educators Legislators Community Agencies JDRP
5. To develop and demonstrate a service delivery model that could be observed.	1. What demonstration activities were conducted? 2. What agencies requested or received services? 3. How often were services requested? 4. What follow-up activities were performed? 5. Was the information provided useful to the audiences?	Parents Educators Legislators Community Agencies
6. To develop and demonstrate support services for area preschools, nursery schools, and day care centers for integrating handicapped children into the program.	1. Were agency reactions to and perceptions of the RDP positive?	Community Agencies
7. To provide consultation and assistance to other intermediate units and local school systems.	1. Were agency reactions to and perceptions of the RDP positive?	Educators

Goal(s)	Question(s)	Audience(s) to Receive Results
8. To assist selected school systems in New York State to implement the model and evaluate its effectiveness?	1. What are they key elements of the innovation? 2. How are they used? 3. Do team members understand them? 4. Do team members' philosophies match the innovation? 5. Did the children improve in areas of cognition, motor, social, and language development? 6. Were their gains significant compared to the norm group? 7. What percentage of education objectives were mastered? 8. How many parents received services? 9. What were the services? 10. What was the level of receptivity and satisfaction of parents in regard to their involvement, their understanding of the program and its results with their child? 11. Were agency reactions to and perceptions of the RDP positive?	Educators JDRP
9. To demonstrate that preschool education is necessary and should be mandated.	1. Did the children improve in areas of cognition, motor, social, and language development. 2. Were their gains significant compared to the norm group? 3. What percentage of education objectives were mastered? 4. How many parents received services? 5. What were the services? 6. What was the level of receptivity and satisfaction of parents in rgard to their involvement, their understanding of the program and its results with their child? 7. Were materials identified? 8. Do teachers perceive the material to be appropriate for the population? 9. Were the gains made by the children maintained over time? 10. What are the longitudinal effects of the program with regard to placement, retention, special services, and teacher ratings, parent ratings, and persistance of effect?	Legislators Community
10. To obtain alternative funding for continuation of services at conclusion of demonstration funding.	1. Was alternative funding obtained? 2. Was effectiveness data available to help obtain this funding? 3. Did the children improve in areas of cognition, motor, social, and language development? 4. Were their gains significant compared to the norm group? 5. What percentage of education objectives were mastered? 6. Were materials identified? 7. Do teachers perceive the material to be appropriate for the population? 8. Were the gains made by the children maintained over time? 9. What are the longitudinal effects of the program with regard to placement, retention, special services, and teacher rating, parent ratings, and persistance of effect?	Community

REFERENCES

Eagen, C., Jones, J., Petisi, K., & Toole, A. A guide to creating community awareness and interagency cooperation. Yorktown Heights, NY: Board of Cooperative Educational Services, 1981.

Fullan, M., & Pomfret, A. Research on curriculum and instruction implementation. Review of Educational Research, 1977, 47, 335-397.

Hall, G.E., & Loucks, S.F. Innovation configurations: Analyzing the adaptations of innovations. Unpublished manuscript, 1978 (Available from Research and Development Center for Teacher Education, The University of Texas at Austin).

Karnes, M.B., Shwedel, A.M., & Lewis, G.F. Impact of early programming for the handicapped: A Follow-up study in elementary school. Urbana, IL: Institute for Child Behavior and Development, University of Illinois, 1980.

Koen, S., & Musemeci, M. Program performance report - 1979-1980. Yorktown Heights, NY: Center for Resource Management, Inc., 1980.

Koen, S., Musemeci, M., & Green, J. The long-range effects of the preschool handicapped program. Yorktown Heights, NY: Center for Resource Management, Inc., 1981.

Koen, S., & Musemeci, M. Summary of program accomplishments - 1979-1980. Yorktown Heights, NY: Center for Resource Management, Inc., 1981.

Koen, S., Musemeci, M., & Floan-Novesky, L. Program performance report - 1980-1981. Yorktown Heights, NY: Center for Resource Management, Inc., 1981.

Loucks, S.F., & Hall, S.G. Assessing and facilitating the implementation of innovations: A New Approach. Educational Technology, 1977, 17, 18-21.

Morris, L.L., & Fitz-Gibbon, C.T. How to measure program implementation. Beverly Hills: Sage Publications, 1978.

Northwest Center Infant and Toddler Program
Project Evaluation Plan
for Integrating Normally Developing and Children with Handicapping Conditions into One Program

Linda L. Gil

Evaluation has been an integral and important component of the Northwest Infant/Toddler Program since the first year of funding. Work on the evaluation plan presented here was begun during the program's first six months, and since that time, the plan has proven invaluable. In addition to meeting its original goals--those of directing efforts to assess the effectiveness of the model and to convey this information to others--it has also served as a guide to overall program implementation. By conceptualizing the entire 36 months of the project, the evaluation plan clarifies the events that need to occur, their place on the project's timeline and how they contribute to accomplishing program goals. All in all, the process of developing and using this plan has been an extremely positive one for the program.

This chapter includes a copy of that plan and a brief account of its development, as well as an introduction to the program and recommendations for use of this evaluation format.

The Northwest Center Infant/Toddler Program: A Description

The Northwest Center Infant/Toddler Development Program is an HCEEP demonstration project serving equal numbers of handicapped and nonhandicapped children from birth to 36 months. It includes a full day, in-center program, featuring developmentally integrated small groups, individual development plans for all children, and opportunities to balance normal and atypical growth and development. Home-based and combination home and center-based programming are also available. Parent programs include monthly evening parent meetings, classroom activities, parenting skills development sessions, single parent counseling groups and individualized programs for developmentally disabled parents. Cooperative contracts with colleges and universities provide a practicum site for teacher, nursing and nutrition interns and volunteers.

Developing the Plan

The Infant/Toddler Program was accepted for HCEEP funding in 1980. During the first six months of operation, the Project Director met several times with the WESTAR (Western States Technical Assistance Resource) technical assistance coordinator (TAC). Work on the evaluation plan was begun at these meetings.

The TAC strongly recommended an approach that was based on the identification of key program elements. These were not the project's goals and objectives, as defined in the original proposal, but rather the significant components to be developed through the achievement of those goals. The seven elements identified were systematic inclusion of nonhandicapped children into existing early intervention programs, assessment procedures and curricula adoption for nonhandicapped and handicapped populations, parent involvement, staff development, coordination with existing community programs, the child care aide curriculum and child nutrition. These seven elements became the conceptual focus of the plan.

With the elements as a guide, the purpose of the evaluation and the needs of potential audiences were identified (Table 1) as were the key evaluation questions to be answered (Table 2). For each of the questions, the plan spells out the methods of evaluation, the procedures for collecting and analyzing data and the evaluation criteria involved (Tables 3-9).

Designing a Format

The next step was designing a format to display the plan. The particular format developed by the Northwest Center Infant/Toddler Program followed research into what other people had written and was determined by several factors.

- the need to conceptualize the entire 36 months of the project as events on a continuum, with goals and objectives to be accomplished; changes occurring in parents, children, staff; and some specific questions to be answered regarding program elements.
- the attempt to answer the questions that many different audiences would be asking.
- the attempt to design a format that could be used by other projects.

The format begins with a listing of the elements and their sub-elements and then gives, for each one, a rationale (why is this important?), the objective to be achieved, the activities leading to that objective and the means of evaluating its achievement. There are two cover sheets. One explains the goal of the evaluation (Table 1). The other outlines the overall evaluation plan (Table 2). In addition, there is a summary of the evaluation implementation plan, which lists the personnel, times, and monitoring activities for each program element (Table 10).

It was the Project Director's intent that this evaluation design could be adapted for use by other projects. The format would remain the same, but the questions asked would be program specific. The design has so far been used by two other projects. They have found the format adaptable to their needs and have found the overall questions and categories described in Tables 1 and 2 to be relevant and useful.

Recommendations

Based on the experience of the Northwest Center Infant/Toddler Program, the strongest recommendation regarding this evaluation design is that it should be completed within the first 3 to 6 months of operation. It is suggested that whenever possible, a similar design be included in the initial proposal. It becomes clear as a program is carried out that questions such as those posed here should have been asked at the beginning. Experience has shown that the evaluation--the methods used to determine program effectiveness--is just as important a component of the program as services to families.

The tables that follow represent the Northwest Center Infant/Toddler Program's complete evaluation plan. Either individual tables or the overall format may be adapted to fit specific project needs. Although, as mentioned, this is best done at the program's inception, the tables may also be useful in suggesting improvements in evaluation components of already functioning programs.

NORTHWEST CENTER INFANT AND TODDLER PROGRAM

Project Evaluation Plan for Integrating
Normally Developing and Children with Handicapping Conditions
Into One Program

Goal of Program Evaluation
Table I

Evaluation Focus: To show that handicapped and nonhandicapped children and their parents can benefit from a full-day childcare setting that meets their needs of comprehensive services at one site.

Purpose	Audience	Audience Information Needs	Key Program Components	Statement of Intent
This evaluation is being conducted to meet funding requirements, to monitor and administer the project, to strengthen information to be made available for dissemination and to document the need for elements of such a program to be replicated in the community.	Project Staff, funding agencies, community agencies, local school districts, other professionals and researchers.	Audiences need to know how children progressed; that normally developing children did not regress but progressed and were acquainted with other's needs; that handicapped children received services in a most normal environment, adapted to their needs; that parents can be involved in their child's full day program; that attitudes and myths concerning education of handicapped young children were dispelled; that theirs is a need for community full-day care, including comprehensive services delivered on one site.	- Individual programs for each child. - Small developmentally integrated groups. - Parent involvement of both populations. - Staff development. - Coordination with existing community programs. - Development of parenting skills. Curriculum for mentally handicapped parents. - Child-care aid training and curriculum. - Child nutrition. - Delivery of comprehensive services (including therapy and educational component) in a completely integrated full-day child care setting.	It is the purpose of this evaluation to identify key elements of this project and to document their implementation and progress; to provide subsequent information to target audiences and to assist in replication activities.

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Linda L. Gil, Project Director

Project Staff: Teachers - Krista Eberle-Stitzel; Angela Zimmer; Sandra McCulloch; Sarah Mulligan; Karrie Murphy; Don Bingham; Roger Page; Karen Sue Wend; Miriam Rabitz; Diana Carnell; Tory Clark; Leslie Keller. Therapists - Ann Nelson, CDS; Claudia Andrews, CDS; Suzanne Larson, OT; Jean Myers, PT. Cook/Nutritionist - Stephane Beatty and Nancy Allen; Home Specialists - Doreen McKenna and Liz Mercer; Nurse - Wendy Bruington; Classroom aides - Charlene Thompson; Teresa Bartosik; Barbara Leen; Gloria Barnes; Ella M. Olson.

NORTHWEST CENTER INFANT AND TODDLER PROGRAM

Overall Evaluation Plan
Table 2

Evaluation Questions	Evaluation Methods	Data Collection Procedures	Data Analysis	Evaluation Criteria
1. Do handicapped children continue to acquire skills while participating in a totally integrated or mainstreamed program?	1. Initial assessments, IEP written classroom narratives, CDS, PT/OT, quarterly reports. Pre/post assessments. Cumulative, formative and summative reports.	1. Instruments to be used: Standardized: Bayley Scales of Infant Development, Caldwell Inventory, Miller Assessment for Preschoolers, Sequenced Inventory of Communication Development	1. Comparison scores on Bayley Scale of Infant Development every 6 months for each group of 16 children, over a a period of 2 years. - Bayley scores, Miller scores, child change data	1. Predicted rate of movement on the Bayley Scale for both normally developing and handicapped children indicates compatibility with program design.
2. Do normally developing children continue to acquire skills at an expected rate and to progress while experiencing integration with handicapped children?	2. Initial assessments, program plan, ongoing monitoring, quarterly narratives. Pre/post assessments.	2. Selected criterion referenced instruments.	2. Study of play behaviors and social interaction between normally developing and handicapped children conducted by graduate and doctoral students from University of Washington.	2-4 Individual program goals that reach 80% criterion and reflect generalization of acquired skills for parents in home based program. Comparison scores of pre-post Caldwell Home Inventory program (entry and 9 months later) for both normally developing children's parents and parents of a child with a handicapping condition.
3. Are parents better able to adjust to their handicapped child with their needs for full day care and therapy services met?	3. Survey of parent attitudes, participation and satisfaction yielding cumulative and summative information.	3. Parent Behavior Progression for those parents whose initial assessment reveals it an appropriate protocol. Criteria referenced assessment tools. Staff developed parent satisfaction forms, staff satisfaction forms, participation forms, diary folder of advisory committee's activities, documentation of inservice training offered to staff, the Skills Inventory for Teachers (SIFT), and their individual development plans.	- Summary scores of parent participation in parent activities. 3-4 Summary scores of parent participation in parent activities.	5. SIFT checklist, criterion 80% of skills acquired within six months of employment. Reevaluation every six months. Self check and cross checking with program director.
4. Do both sets of parents communicate with one another at parent meetings and in informal parent involvement activities?	4. Documentation of informal observations at meetings and reports on advisory committee.	4. Pre-post tests of Caldwell Home Inventory annually.		
5. What are the identified needs, preparation, training and characteristics of staff working in this model?	5. Needs assessment, utilization of existing criteria, inservice training required, ongoing staff development and identified skills and competencies for staff of integrated/mainstreamed population.	5. Semi-annual re-evaluation with SIFT, individual development plan and documented acquisition of those skills and competencies identified as essential for a mainstreamed and integrated program.		

Table 3

Element Evaluation One: Systematic Inclusion of Nonhandicapped Children

PROGRAM ELEMENT ONE	RATIONALE	OBJECTIVES	ACTIVITIES	EVALUATION
1.0 Systematic Inclusion of Nonhandicapped Children Into Existing Early Intervention Programs	1. A set of procedures and guidelines needs to be developed to establish the most appropriate methods of integrating normally developing children into an existing early intervention program, because it is the least restrictive and most normal environment to a child who is atypical in development. It provides a socialization experience for normally developing children and a needed full day care experience for working parents of both populations. Program is compatible with philosophy that a child is perceived as a whole, with handicapping condition but one aspect of the developing child.	1. Given the need to identify and focus on those components, the project will establish a systematic process and - Will define those components and convert them to program activities.	- Individual Development Plan (IDP), based upon assessments, for each normally developing child. - Ongoing daily participation in a developmentally integrated group. - Formal experiences in a peer group arrangement (children at same stage of development). - Informal observation and recording of play skills.	Change measured by IDP and IEP (Individual Educational Plan of handicapped child); Bayley Scales of Infant Development administered at 6-month intervals during each child's participation in the program; each child's scores of individual criterion-referenced tests, administered three times yearly, as recorded in program Satisfaction measured by parent and teacher satisfaction forms completed at the three scheduled conference sessions. Change data is expected to show no decrease on Bayley Scales for the normally developing children as a result of integrated setting, rather a maintenance level or accelerated change; criterion-referenced tools will be expected to show skills gained in accordance with normal developmental schedules.
1.1 Sub Element IDP Process	There is a need for procedures in the development of a nonhandicapped child's program that is less structured than traditional approach for handicapped child. Traditional full day care does not usually provide parents with an ongoing apprisal of child's daily activities through an overall program plan that is monitored and periodically re-evaluated. The indepth IEP process is specific to the child with handicapping conditions.	- Given the need to implement simple assessment and individual program plan procedures, format and forms will be developed, establishing a process for meeting child and project staff needs. - Provide parents with written information relevant to child's progress.	- Establish procedures - Define process - Select format - Select assessment protocol - Select curricula - Define evaluation process - Establish file procedures. - Monitor child progress - Provide written classroom narratives - Elicit parent participation through parent conferencing	- Recorded parent and staff satisfaction forms evaluated. - Acquisition of skills by children in IDP. - Change data: Documented skill acquisition in accordance with normal developmental schedules, consistent with child's chonological age. - Written reporting will occur every 4 months after initial assessment.

Table 3 (continued)

PROGRAM ELEMENT ONE	RATIONALE	OBJECTIVES	ACTIVITIES	EVALUATION
1.2 Developmentally integrated small groups	Staff and children can benefit from peer modeling behavior. Reduced competition for adult caregiver attention benefits child; small groups desirable in birth to three population; make appropriate use of all equipment and opportunities for social/emotional growth.	- Given the need to determine appropriate group size and ratio of nonhandicapped to to handicapped, project staff will collect information that will validate developmentally integrated groupings as a preferred model for grouping children in a full day setting serving normally developing and children with handicapping conditions.	- Establish a set of criteria that evaluates the developmentally integrated groups. - Define method of observing child changes in developmentally integrated group.	- Change: documented movement in IDP and IEP for each child in developmentally integrated group. Quarterly written classroom narrative. - Satisfaction: parent and staff feedback forms. - Change data: Will be expected to show effectiveness of developmentally integrated groups for nonhandicapped and and handicapped children. - Subjective and objective external recording of observations.
1.3 Informal observation of play skills	Emotional, physical and psychological development through play is the focus of the birth to three population. We need to know if children play more appropriately as a result of this program design.	Given the need for observing and recording play skills in the child's environment, the observations will yield information concerning appropriateness of associative, parallel or cooperative play of the nonhandicapped and handicapped in this setting.	- Identify and select play skills checklist. - Adapt for learning environment. - Determine how it will be used; evaluation system.	- Results of study of Play Be- (i.e. Smilansky, Parton and/ or Odom Scale) conducted by graduate students from University of Washington, under supervision of Dr. Rebecca Fewell.

Table 3A

Evaluation of Sub Element

SUB ELEMENT 1.1 INDIVIDUAL DEVELOPMENT PLAN (IDP) NORMAL CHILD CHILD INDIVIDUAL EDUCATIONAL PLAN (IEP) HANDICAPPED CHILD		PARENT PARTICIPATION	STAFF PARTICIPATION
Documentation	IDP appears in appropriate child's file. IEP appears in appropriate child's file.	Notification of parent conference appears in each child's file, parent signature on cover page. Procedures consistent with IEP process.	Staff responsible for following procedures established for IDP signatures on initial assessment and cover form. IEP implementation, monitoring, data collection, evaluation, update conference.
Satisfaction		Completed form will be filed in each child's file after each conference	Completed form on file in each child's file.
Change Data	Will be formulated by child's accomplishment of 85% of tasks accomplished in 4-month period. For handicapped child, acquisition of 85% of program goals in annual IEP.	Will be formulated from documentation of satisfaction forms. Conferences Written documentation Satisfaction forms	Will compile satisfaction forms and file then in child's file. Staff will evaluate usefulness of identified curricula for the normally developing child.
SUB ELEMENT 1.2 DEVELOPMENTALLY INTEGRATED, PRIMARY GROUPS FOR NORMALLY DEVELOPING AND HANDICAPPED CHILD			
Documentation	Initial classroom assignment to group represented by infant, toddler, preschool composition. Eight children maximum.	Parent notified in written form by mail, and verbally at time of developmental interview.	Informed verbally as to placement by Home Specialist and is aware of parent notification in child's file. Conference with parents. When possible, initial home visitation by teacher.
Satisfaction	N/A	Satisfaction sheet administered at parent conference time to provide feedback concerning the developmentally integrated groups.	Feedback form administered in June of each project year.
Change Data	Skill acquisition on the IDP and IEP consistent with projections.	Generated through evaluation of data concluded from satisfaction forms entitled "Annual Program Satisfaction" and "Final Program Satisfaction" form.	Generated through data concluded from staff satisfaction forms and, if necessary, program changes.

Table 4

PROGRAM ELEMENT TWO	RATIONALE	OBJECTIVES	ACTIVITIES	EVALUATION Satisfaction and Change Data
2.0 Assessment Procedures and Curricula Adoption for Nonhandicapped and Handicapped Populations	There needs to be a systematic process for structuring the learning environment to facilitate progress and promote learning through the program.	Given the need to determine which curricula are comprehensive and answer the most needs, the project identifies them as necessary for program growth. Define what is included in a curriculum.	- Identify needs as they relate to curricula. - Prepare evaluation criteria for curricula. - Identify curricula most appropriate to this project.	- Curriculum used most often by instructors with explanation for use. - Satisfaction forms completed annually by project staff.
2.1 Sub Element: Assessment Procedures and Curricula used for handicapped population (individual child)	Need for identification of specific assessment instruments and consequent use for program planning and documenting progress of individual child.	Given the need for assessment of each child and a sequenced curriculum, the project will determine what curricula are most appropriate for documenting child change and movement.	Use of identified assessment and curricula in each classroom: - Portage Project - Early LAP - Dev. Programming for Infants and Young Children - COMP Curriculum - EMI Assessment Scale - Individually written IEP - Hawaii Early Learning Program - Koontz Child Development for First 48 Months - RIDES Assessment - Peabody	Change data: child acquisition of skills through IEP; summarized in quarterly reports written by instructors, OT, PT and CDS. Bayley, Miller scores accompany quarterly reports.
2.2 Sub Element: Curricula used for nonhandicapped population (individual child)	Need for identification of specific means of assessment and consequent use of curricula for documenting progress of individual child.	Given the need for individual assessment and a sequenced curriculum(a), this element will determine what curricula are appropriate for documenting child change through systematic and and sequential program planning.	Use identified tools and and curricula in each classroom: - Portage Project - Early LAP - COMP Curriculum - Developmental Programming for Infants and Young Children - Minnesota Child Dev. Scales - Rockford Infant Development Scale (RIDES)	Change: frequency of use of each one by classroom instructors in a 12-month period. Satisfaction: Feedback forms from instructors and parents, indicating satisfaction with documentation of child's program plan.

Table 4(continued)

PROGRAM ELEMENT TWO	RATIONALE	OBJECTIVES	ACTIVITIES	EVALUATION CHANGE Satisfaction Data
2.3 Sub Element: Curricula used for peer group assessment	Need for identification of assessment tools and consequent curricula for peer group arrangements to document movement and readiness for higher level peer group.	Given the need for a sequenced curriculum for each peer group to follow (sensorimotor, cognitive perceptual motor, toddler and preschool) when they meet twice weekly, this element will identify those curricula most appropriate for the birth to 3 population.	- Define criteria for movement to each group. - Determine purpose, focus and needs of each group. - Implement staff written curriculum with sensorimotor group for six months; commercially prepared for 6 months. - Implement Cognitively Oriented for preschool peer group - Implement Toddler Learning program with toddler group. - Explore Piagetian stages and cognitive curricula for peer groups.	Change: Informal documentation of movement from one group to another. Pre/posttest of group movement through curriculum as documented by Uzgiris-Hunt Ordinal Scales of Psychological Development in Infancy. Establishment of criteria for each peer group provided by Communication Disorder Specialist. - Use of Piagetian tasks to evaluate after child has reached the 24 month cognitive level on the Uzgiris-Hunt Scale. - Informal Cognitive Scales - Play Scales; Smilansky, Parton, Odom.

Table 4A

Evaluation of Sub Element

SUB ELEMENT 2.3 CURRICULA USED FOR PEER GROUPS	CHILD	PARENT	STAFF
Documentation	Formal and written IEP appears in each child's file. IEP includes assessment data, summary, results of interdisciplinary staffing program goals and responsible persons to implement.	IEP sent to parent plus notification of conference updates and each needed conference. Parent requests any conference and consultation with therapists as often as desired.	Cover sheet appears in each child's file that acts as a checklist so primary instructors document needed information. Written procedures followed for update of IEP.
Satisfaction	N/A	Satisfaction form is completed by each parent at conference update and initial IEP conference.	Primary instructors complete feedback form twice yearly.
Change Data	Individual to each child's skill acquisition. Quarterly gains reported with narrative reports, CDS and and OT/PT reports in each child's file.	Parent reporting to instructors and therapists. Coordination with home and center. Narratives sent to parents and primary health care providers.	In June 1981, instructors report their preference for curricula on feedback form.
SUB ELEMENT 2.2 CURRICULA USED FOR NONHANDICAPPED POPULATION			
Documentation	Formally identified program plan appears in each child's file.	Program plan sent to parents after discussion in initial conference.	Responsible for documentation in individual file on specific forms designed for project use.
Satisfaction	N/A	Parents complete satisfaction form on a quarterly basis.	Primary instructors complete feedback form twice yearly. Re-evaluate in Spring '82.
Change Data	Skill acquisition documented on program plan. Quarterly gains reported in written classroom narratives, documented in each child's file.	Quarterly narratives sent to parents and child's primary health care provider.	In June 1981, instructors report their preference for curricula on feedback form. Re-evaluate in Spring 1982.

Table 4A (continued)

Evaluation of Sub Element

SUB ELEMENT 2.3 CURRICULA USED FOR PEER GROUPS	CHILD	PARENT	STAFF
Documentation	Informal assessment by CDS and documented placement in peer group arrangement.	Information reported in classroom narrative to parents.	Appears in each planning folder for the specific groups. All lesson plans for one year. Formal list of specific curricula and rationale for use adopted. Group criteria outlined and implemented to facilitate movement.
Satisfaction	N/A	N/A	Staff members rotate each group during the course of year so that each experiences the different levels of ability of groups.
Change	Documented move to subsequent group on acquisition of skills and meeting minimum criteria for subsequent groups.	N/A	Rotation of staff members on quarterly basis and discussion of satisfaction at staff meetings. Cognitively Oriented Curriculum utilized to support the Piagetian framework of program. Results of Uzgiris-Hunt Informal Assessment instruments match the criteria for movement from one peer group to another.

Table 5
Element Evaluation Three: Parent Involvement

PROGRAM ELEMENT THREE	RATIONALE	OBJECTIVES	ACTIVITIES	EVALUATION
3.0 Parent Involvement and Systematic Inclusion of Both Populations	A need for parents of normally developing and handicapped children to share their child's experience in the program. While the project provides the environment for integrated learning experience.	Given the need for parent involvement, this element will define and develop the procedures for including both sets of parents by end of second project year.	- Monthly evening parent meetings. - Daily entry into notebook diary. - Phone conferences. - IEP conferences quarterly. - IDP conferences quarterly. - Individual sessions with Home Specialist. - Interdisciplinary staffing	- Parents complete satisfaction form at end of each meeting. - Number of entries on monthly basis, percentage of use by all families in program quarterly. - Documentation in child's file.
3.1 Sub Element: Incenter Programming	Need for parents to participate in their child's incen-experience to strengthen the child-parent bond and keep communication lines open.	Given the need for parent involvement in each child's incenter experience, strategies will be developed to facilitate individually that involvement by end of second project year.	- Single parent counseling group. - Joint efforts with Dept. of Voc. Rehab. for mentally retarded adults. - Notebook diary. - Parent work parties. - Monthly parent education meetings. - Participation in Parent Advisory Committee. - Special interest groups.	- Summary of parent satisfaction forms. - Percentage of total participation in individual projects. designed to meet their needs. - Needs assessment administered annually to parents for purposes of planning subsequent years' parent activities.
3.2 Sub Element: Home-based Programming for Handicapped Child	The need for a systematic program, to be provided for families and their child for whom it is more appropriate that such services be provided in the home.	Given the need for identified family units to be served in the home, systematic procedures will be defined and implemented to meet those needs by end of second project year.	- Use of Individualizing Parent Programs. - Use of Caldwell Home Inventory in pre-post. - Development of criterion-referenced parenting skills program. - IEP developed for each handicapped child involved in home-based programming. - Fusion of incenter and home-based program where applicable (i.e., parent meeting). - Use of Parent Behavior Progression Instrument for individual use. - Use of Parenting Skills Curriculum developed by Project Staff.	- Pre and post HOME administration to document parent changes. - Programming with data based and criterion referenced individualized programs.

Table 5 (continued)

PROGRAM ELEMENT THREE	RATIONALE	OBJECTIVES	ACTIVITIES	EVALUATION
3.3 Sub Element: Curriculum Development for parenting skills	An identified need for a parenting skills curriculum that addresses the individual needs of the retarded parent.	Given the need for a parenting curriculum for retarded parents who have a child at risk for normal development, a sequence and data based set of competencies will be developed to move the parent through a series of skill acquisition, based upon their need to know.	- Experience based, criterion referenced activities for each curriculum component (i.e. health and safety, nutrition, behavior management).	- Acquisition of skills through curriculum components with 80% criterion for each component.

Table 5A

Evaluation of Sub Element

SUB ELEMENT 3.1 AND 3.2 INCENTEX PROGRAMMING, HOME-BASED PROGRAMMING	CHILD	PARENT	STAFF
Documentation	- IEP in each child's file. - Coordination with needs of parents (working parents, home-based, combination of	- Documentation of specific - involvement identified to be appropriate to needs of parents based on initial assessments will appear in each parent and/or child file.	- Responsible persons clearly identified; i.e. Home Specialists are primarily responsible.
Satisfaction	N/A	- Parent satisfaction forms. Numerical rating assigned for easy summative reporting.	- Monitoring and report writing evaluated on form twice during second and third project years.
Change	- Reflected in IEP progress.	- Monitoring of written parent programs. - Graphing results. - HOME evaluations on pre and post basis. - Graphing results. - Me Too pre and post scores.	- Home Specialist responsible - Home Specialist responsible - Home Specialist responsible - Home Specialist responsible

Table 6

Element Evaluation Four: Staff Development

PROGRAM ELEMENT FOUR	RATIONALE	OBJECTIVES	ACTIVITIES	EVALUATION
4.0 Staff Development in Integrated Programming	A need to identify those characteristics and competencies for project staff, that facilitate the learning environment in an integrated program.	Given the need to identify characteristics and competencies, the project will complete a model during the second program year and refine it for replication during third project year.	- Systematically use the Skills Inventory for Teachers as a basis for individual instructor plan. - Based upon inservice needs, identify competencies and skills in format.	- Document usefulness of existing material used for assessment every 6 months. - Completed list at the end of second year. - Working model to demonstrate how to acquire skills at third year's end.
4.1 Sub Element: Characteristics and competencies of teachers in integrated population programming	A need to identify those characteristics and competencies that facilitate the learning environment in an integrated program.	Given the need to identify staff characteristics, skills and competencies, the project will complete a model during the second program year and refine it for replication during third project year. Given the need to identify those skills and competencies of professional staff working in non-traditional educational settings an outline will be developed to address those needs.	- Identify the specific skills that are different because it is an integrated program. - Project staff completes forms defining their own perception of required skills. - Summary report generated.	- June 1982, document the skills as identified by project staff in conjunction with the SIFT checklist. Specifically noting the skills necessary for integrated program in full day setting. - Third project year, formalize into "Suggested Competencies for Staff Delivery Services in nontraditional."
4.2 Sub Element: Characteristics and competencies of therapists in integrated programming	No identified source demonstrates the skills necessary for therapists in an integrated setting.	Given the need to identify competencies and characteristics of therapists working in an integrated setting, the project will identify and formalize those competencies in project years two and three.	- Solicit information from therapists that is outside the realm of specific competencies in therapy training. - Visit other programs. - Solicit information from training programs at university level.	- Compile, categorize and refine competencies. - Self evaluation of therapists and specialists. - Project report on the identified skills, competencies and attitudes of therapists working in a non-traditional setting with other than school age population.
4.3 Sub Element: Inservice training and consequent results	A need to continue upgrading current skills and introduce those necessary for the integrated learner population.	Given the need for inservice training to improve and acquire skills, the project will select, arrange and monitor training activities, based upon identified needs, and document results of implementation during project years two and three.	- Solicit needs assessments twice yearly to project staff. - Acquaint staff quarterly with project objectives at staff meetings. - Bimonthly self-review of lesson plans. - Training manual developed.	- Through observation and evaluation of needs survey, the needed training is identified. - Quarterly staff meetings to evaluate if skills are complete to meet project objectives. - Evaluate inservice sessions with numbered questionnaire. - Graph participation and subsequent use of skills and knowledge in classrooms.

Table 7

Element Evaluation Five: Coordination With Existing Community Programs

PROGRAM ELEMENT FIVE	RATIONALE	OBJECTIVES	ACTIVITIES	EVALUATION
5.0 Coordination With Existing Community Programs	A need to involve other health care professionals, educators and appropriate personnel in the community-based project, so as to increase awareness and use of generic services by project staff and create resources for parents' use.	Given the need for community involvement, the project, during year two, will identify those agencies and systematically include them in cooperative efforts to benefit mutually both programs. During year three, systematic procedures for replication will be formalized in a written form.	- Identify agencies in community that provide similar and related services. - Contact key persons to arrange meetings. - Formalize contacts on yearly basis. - Establish individual agency criteria and requirements. - Create and implement format to document participation of all agencies.	- Formal written agreements documented in file, noting specific responsibilities and expectations. - Graph participation levels of agencies. - Follow-up summary of benefits on yearly basis. - Disseminate satisfaction form to cooperating agency for formal evaluation of cooperative efforts.
5.1 Sub Element: Educational agencies	Educational training programs in this area (University of Washington, Seattle U., Seattle Pacific U., community colleges) need to be aware of opportunity for field placement for students.	Given the need for field placement of student teachers, the project director will negotiate formal agreements with appropriate representatives of teacher training programs.	- Contact key personnel and explain project goals. Mail written information. - Establish criteria for students and master teachers that are compatible with project goals. - Establish procedures for student placement.	- Review yearly with key personnel. Utilize satisfaction feedback format. - Utilize student feedback format. - Graph individual yearly agency participation. - Refine process and procedures into model component.
5.2 Sub Element: Health care agencies	Health care training institutions and providers need to be aware of services provided to enhance their outreach efforts, provide community-based training and awareness to interns and to work cooperatively with existing agencies.	Given the need to provide future health care providers with opportunities to work in the community and alternatives to hospital-based training, the project director will negotiate formal agreements with a minimum of 2 health care agencies and formalize systematic procedures in written form during year three.	- Contact key personnel and explain project goals. Mail written information. - Establish criteria for students and master teachers that are compatible with project goals. - Establish procedures for student placement. - Contact nursing dept. of of major training institutions. - Provide public and private health care providers with written information	- Review yearly with key personnel. Utilize satisfaction feedback format. - Utilize student feedback format. - Graph individual yearly agency participation. - Refine process and procedures into model component.

Table 7 (continued)

PROGRAM ELEMENT FIVE	RATIONALE	OBJECTIVES	ACTIVITIES	EVALUATION
			(Group Health, hospitals, health care clinics). - Seek to establish formal working agreements.	
5.3 Sub Element: Social Service Agencies	Social service training programs and providers need to be aware of services provided to enhance their outreach efforts, provide community-based training and awareness, and to work cooperatively with existing agencies.	Given the need to provide future social service providers with opportunities to work in the community, the project director will negotiate formal agreements with appropriate representatives of social service training programs.	- Contact programs serving young children in social service agencies. - Contact Mental Health District offices. - Contact CDS. - Contact Child Welfare. - Contact Seattle Youth Work Training Program.	- Review yearly with key personnel. Utilize satisfaction feedback format. - Utilize student feedback format. - Graph individual yearly agency participation. - Refine process and procedures into model component.

Table 8

Element Evaluation Six: Child Care Aid Curriculum

PROGRAM ELEMENT SIX	RATIONALE	OBJECTIVES	ACTIVITIES	EVALUATION
6.0 Child Care Aid Curriculum	There is a need for aides to be involved in the project setting. Handicapped adults, teenagers and senior citizens provide valuable services and require minimum training for aide roles.	Given the need to train the individuals in the classroom so their potential is fully maximized, a curriculum will be written to include necessary competencies and end of project year two.	- Pre/post test administered to document needs, determine placement in curriculum and for documentation of skills acquired. - Curriculum written and implemented. - Include final mastery level.	- Complete in year two. - Refine and adopt final draft in year three. - Document use of curriculum and graph progress of individuals during year two. - Formal pre/post assessment and curriculum available for dissemination and replication in in year three.
6.1 Sub Element: Adaptation for handicapped adults	A need for the specific competencies to be acquired by the handicapped adult. So the adult may function in role as classroom aide.	Given the possibility of a non-reader, usually auditorily or physically impaired, aide's participation in the curriculum, specific adaptations need to be prepared for multiple use of basic curriculum in year two and refined in year three.	- Provide annotations for each competency as it relates to each participant's ability. - Implement twice monthly meetings for formal group instruction. Basis for instruction is Child Care Aide Curriculum and Components.	- Document use by persons with specific impairments. - Document and graph final mastery level in curriculum by end of third year. - June 1982, second year, document level of mastery within the curriculum for each involved adult client
6.3 Sub Element: Adaptation for youth and senior citizens	A need for specific competencies to be taught to young people and senior citizens working in role of aide.	Given the limited skills and experiences young people exhibit in working with project learner population, the curriculum will be adaptable for use by this population in project year two and refined in year three.	- Provide annotations for each competency as it relates to each participant's ability.	- Document use by persons with specific impairments. - Document and graph final mastery level in curriculum for each individual involved in two project years.

Table 9

Element Evaluation Seven: Child Nutrition

PROGRAM ELEMENT SEVEN	RATIONALE	OBJECTIVES	ACTIVITIES	EVALUATION
7.0 Child Nutrition	Child nutrition is a component not specifically focused on in programs for handicapped children. Because this project is a full day program, the issue of nutrition can be focused on and systematically planned.	Given the need for two meals daily to be provided to the learner population, a nutritionally sound component will be developed, implemented, critiqued, refined and prepared in years two and three that reflects the needs of the birth to three population of nonhandicapped and and handicapped infants and toddlers.	- Identify needs of birth to 3 population. - Identify constraints (allergies, effects of medication, time in preparation, etc.). - Develop 21-day cycle, 5 alternate days, in accordance with USDA, but reflecting our intent to a vegetarian diet.	- Parent feedback forms. - Classroom feedback forms. - Include plate waste studies by senior nutrition students. - Nutrition consultation for individual child that coordinates home and center efforts. - Final documentation in graph form. - June 1983, nutrition component complete in written form to be disseminated to interested programs.
7.1 Sub Element: Research into effects of medication on diet	Difficulties can arise from lack of communication, lack of information and coordination of commonly used medications for handicapped children and this relationship to the child's diet. A procedure for data collection and coordination with existing information needs to be established.	Given the need for a more comprehensive approach to this need, the Project Director, Cook and Nurse will secure information from appropriate sources at the University of Washington, summarize information and prepare procedures and implement an action plan.	- Gather information from appropriate resources. - Utilize existing literature to coordinate information. - If no chart exists, prepare a chart that lists commonly used meds and their affects on the on the child's nutrition program. - Include this information in the final written document of the nutrition component.	- June 1982, rough draft of plan and procedures completed. - Reviewed by appropriate resource persons for accuracy and usefulness.

Table 10

PROGRAM IMPLEMENTATION

IMPLEMENTATION PLAN	ELEMENT 1	ELEMENT 2	ELEMENT 3 THROUGH ELEMENT 7
PERSONNEL			
a. Who will conduct evaluation	a. Classroom Instructors and Therapists	a. Project Director, with information from Instructors	a. Home Specialist and Project Director and Nurse
b. Design	b. Individual Program Plans and assessment instrument updated at designated intervals.	b. Instructional Teams use minimum of one new instrument each time a new child is assessed with the required 3 instruments	b. Annual evening parent program planned for 10 months, based on parent needs survey. Program plans for family units served by Home Specialist
c. Select/develop instruments	c. Selection of most appropriate instruments by instructors		c. Instruments selected and designed, based upon needs of parent participants. Instrument criteria will be initial assessment, programming information and evaluation design
d. Collect/analyze data	d. Instructors, Therapists	d. Instructors collect data for final analysis by Project Director and/or external evaluation.	d. Quarterly
e. Critique summary reports	e. Instructors, Therapists, Project Director	e. Instructors and Project Director	e. Home Specialist and Project Director
KEY DATES OF ACCOMPLISHMENT			
a. Instruments selected/developed planned	a. Quarterly evaluation for each enrolled child after initial assessment	a. Instructors will perform ongoing critique and use of newly acquired instruments	a. Year end, final program evaluation, program satisfaction forms and annual parent needs assessment will be the preferred documentation through summative data
b. Data collected	b. Quarterly for each enrolled child	b. Annually by Project Director	b. IEP and IDP conferences; quarterly for program satisfaction forms; annually for summative reports.
c. Analysis/reports written	c. Quarterly for each enrolled child	c. Annually at a minimum	c. Summative; Graph and narrative; mid year and annually written summative reports

PROGRAM IMPLEMENTATION (CONTINUED)

IMPLEMENTATION PLAN	ELEMENT 1	ELEMENT 2	ELEMENT 3 THROUGH ELEMENT 7
MONITORING RESOURCES			
a. Need consultation	a. As determined by project staff and approved by WESTAR	a. As determined by Project Director	a. As determined necessary by Home Specialists and Project Director
b. Assistance	b. If needed, approved by Project Director and/or WESTAR	b. As determined by Project Director	b. Consultation
c. Materials	c. Printed; seminars; inservice training	c. Assessment instruments and bibliographical material	c. Curricula and assessment tools deemed appropriate; evaluation design and individual program monitoring
HOW WILL EVALUATION BE MONITORED?			
a. Who will monitor the evaluation proceedings of all program elements?	a. WESTAR identified consultant will provide assistance to Project Director through identified criteria that relates to overall program design. WESTAR Technical Assistant will assist with overall evaluation monitoring	a. Project Director and project staff will cooperatively monitor the use of assessment and development of use of curricular materials. External consultant could be utilized through WESTAR technical assistance	a. Project Director, Home Specialists, Nurse and identified external consultants will monitor ongoing evaluation procedures
	b. External evaluator will provide cost analysis/effectiveness data and program effectiveness through child change data	b. Same as Element 1.2	